



City of Bellevue  
Parks & Community Services

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**2013-2014  
CONTRACT MANAGEMENT  
MANUAL**

*Human Services Fund*



VERSION DATE: 1/15/13

This manual is subject to change. Check back periodically to ensure you have the most current version.

**Human Services Division  
Parks & Community Services  
City of Bellevue  
410 – 110<sup>th</sup> Avenue NE  
P. O. Box 90012  
Bellevue, WA 98009-9012**

**Emily Leslie, Human Services Manager**

*([eleslie@bellevuewa.gov](mailto:eleslie@bellevuewa.gov))*

**Joseph Adriano, Human Services Grant Coordinator**

*([jadriano@bellevuewa.gov](mailto:jadriano@bellevuewa.gov))*

**Alex O'Reilly, Human Services Planning Coordinator**

*([aoreilly@bellevuewa.gov](mailto:aoreilly@bellevuewa.gov))*

**Sam Ezadean, Home Loan Specialist**

*([sezadean@bellevuewa.gov](mailto:sezadean@bellevuewa.gov))*

**Teri Ekstrom, Administrative Assistant**

*([tekstrom@bellevuewa.gov](mailto:tekstrom@bellevuewa.gov))*

**Sonoko Paulson, Administrative Assistant**

*([spaulson@bellevuewa.gov](mailto:spaulson@bellevuewa.gov))*

## **2013-14 CONTRACT MANAGEMENT MANUAL**

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**PART I: THE CONTRACTING PROCESS FOR HUMAN SERVICES**

**A. CONTRACT MANAGEMENT CALENDAR**

<b>DATE(S) – Subject to Change</b>	<b>ACTIVITY</b>
<b>December 3, 2012</b>	City Council approval of Human Services Funding <i>Note: Action on CDBG funding recommendations was in October 2012</i>
<b>December 2012 – February 2013</b>	Finalization of individual contract negotiations with agencies to complete scopes of work
<b>January 1, 2013</b>	Contract term begins (effective date)
<b>February 15, 2013</b>	First reimbursement request due (if billing <u>monthly</u> )
<b>April 15, 2013</b>	First quarterly report due
<b>February – December 2013</b>	Contract monitoring by City staffers
<b>January 2014</b>	Notice to Proceed for second year: Notifications are distributed – subject to adequate contract performance in 2013 and other considerations
<b>December 31, 2014</b>	Contract termination date

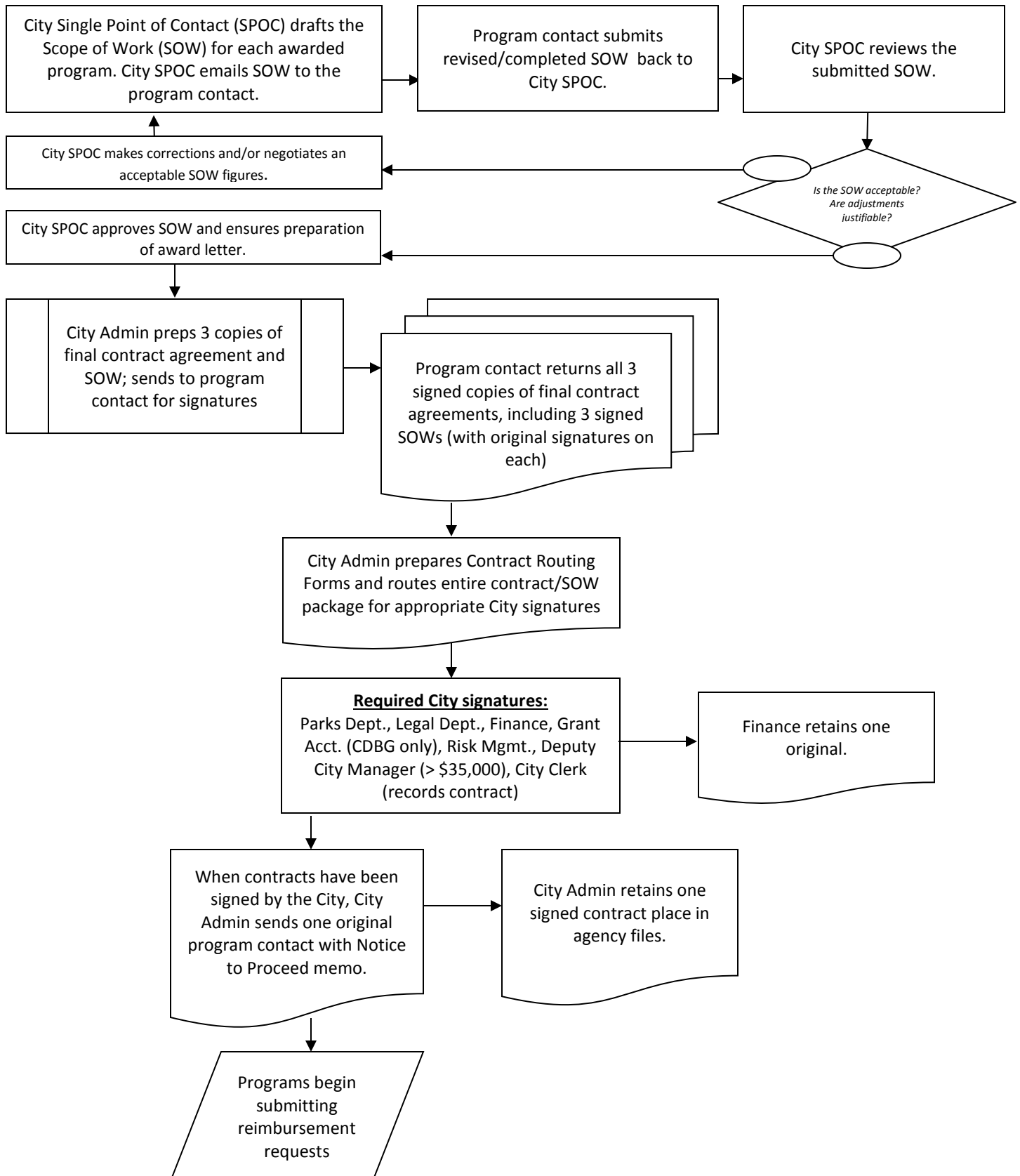
## B. STEPS IN THE CONTRACTING PROCESS FOR HUMAN SERVICES

- ✓ **STEP 1: Prepare Draft Scope of Work:** Each agency receives a draft of the Scope of Work. The City may draft the Scope of Work to reflect the information in your application for funding. If a contract negotiation meeting is necessary, this draft Scope of Work will be e-mailed to you prior to your contract meeting.

The agency will be asked to review the draft Scope of Work and suggest changes.

- ✓ **STEP 2: Participate in Contract Meeting with City Staff:** Agencies may be asked to participate in an individual contract meeting with Bellevue Human Services staff. During this meeting, the agency and the City will agree on service units, program accomplishments, outcome measures and the program budget. Also, any special conditions to be attached to the contract will be discussed at this time.
- ✓ **STEP 3: Give Contract Materials to Agencies:** Once the draft Scope of Work has been reviewed and approved by Human Services staff, three copies of the contract agreement will be given to the agency to obtain signatures. (This is contingent on approval of the Human Services Commission's recommendations by the City Council.)
- ✓ **STEP 4: Get Agency Signatures:** Original signatures from the Executive Director will be required on all three copies of the contract. On the Scope of Work, original signatures are required from the agency's Board Chair (for non-profit organizations) or authorized board member, and any authorized to sign reimbursement requests. The agency submits final signed contracts and Scopes to the City of Bellevue for signatures. **Proof of insurance that matches the City's requirements must be received with this submission.**
- ✓ **STEP 5: Route Signed Contracts through City for Signatures:** Once the agency has returned three signed copies of the contracts and provided proof of insurance, the contracts are then reviewed and signed by appropriate City staffers. This process can take several weeks.
- ✓ **STEP 6: Send Final Contract and Notice to Proceed to Agencies:** Once the appropriate City signatures have been obtained and the agreement has been recorded by the City Clerk, a *Notice to Proceed* is mailed, along with one original set of the signed contract.

**2013-2014**  
**CITY OF BELLEVUE HUMAN SERVICES SCOPE OF WORK PROCESSING**



## C. CONTRACT HIGHLIGHTS

By signing the contract, you are agreeing that your agency staff will carry out the funded program in accordance with a specific a set of requirements related to the use of public funds. These requirements are included in the contract document. As with all contracts, you should have a full and complete understanding of the agreement. Below are a few highlights of the agreement that are particularly notable:

- **Program Description and Administration:** This is captured in the Scope of Work. All changes to the program description, service units, outcomes, and budgets listed therein must be approved by City staff. Please refer to those sections of the manual for more details.
- **Hold Harmless and Insurance:** The City will not assume any liability related to the services offered under this contract. A Certificate of Insurance is required in order to complete the contract. All agencies are required to maintain insurance policies as described in Attachment B to the contract.
  - Coverage for
    - General Liability
    - Automotive
    - WA Stop Gap
    - Professional Liability, if applicable.
  - Identifies your agency as the insured
  - Identifies the City of Bellevue as the certificate holder
  - Identifies the City of Bellevue as an additional insured
- **Non-Discrimination:** The contract compliance with all federal, state and local laws prohibiting discrimination. Such laws include that no discrimination can occur on the basis of age, sex, marital status, race, creed, religion, color, national origin, sexual orientation or the presence of any sensory, mental or physical handicap.
- **Public Information:** The agency shall acknowledge the source of funds in program or public information as being from the City of Bellevue Human Services Program or, if applicable, from the Community Development Block Grant Program.
- **Service to Bellevue Residents:** The primary target population of the Bellevue Human Services Fund is Bellevue residents. Your agency agrees to make services, as described in the Scope, available to all City of Bellevue residents throughout the term of the Agreement. You can ensure that a person is a City of Bellevue resident by checking the jurisdiction for their address at this website: <http://gismaps.kingcounty.gov/parcelviewer2>
  - Emerging, coordinated regional initiatives such as Family Housing Connection may make aspects of this requirement a challenge. We recognize that Bellevue residents are served by funding from and in other jurisdictions, and increasingly this fact may be illustrated through tools such as Safe Harbors HMIS. We also recognize that programs providing shelter and/or transitional housing are part of a regional service delivery system. Reducing length of stay and increasing percent of exit rates will be prioritized over (or in lieu) of residents served.
- **Monitoring:** All programs funded by the City of Bellevue are closely monitored. This

may include an on-site monitoring visit during the term of the contract. It is recommended that all materials related to this program/project be kept in a file, and cross references noted where information exists in other agency files or bookkeeping.

- **Additional Contract Requirements:** Agencies receiving funds from the City of Bellevue are required to submit an independent financial audit and for non-profit organizations, a roster of the agency's Board of Directors, including terms and city of residence.
- **Outcome Measures:** Agencies will be required to identify up to two outcomes and associated indicators to be measured during the year. These will be included in the Scope of Work. The outcome results will be reviewed in Fall 2013 as part of the evaluation process undertaken prior to renewing funding for 2014.





## **D. INSTRUCTIONS FOR THE BELLEVUE HUMAN SERVICES SCOPE OF WORK**

1. **Program Title:** The program title should be the same as presented in your grant application. By default, this information is imported from your entry provided in the application.
2. **Annual Term and Funds Awarded:** The 2013 and 2014 Bellevue funds awarded to your program.

**Scope of Work ID#:** Unique identifier if currently assigned by the City.

3. **Single Point of Contact:** List the person with whom the City should discuss the management of your contract. By default, this information is imported from your entry provided in the application. Correspondence from the City Human Services Division will be directed to this person. As the single point of contact, this person should facilitate communications between their agency co-workers and City staff. The single point of contact should distribute information from the City to interested persons throughout the agency. They should also convey agency concerns to the City. (E.g., in electronic communications with the City, the single point of contact should either be in the "To" line or in the "CC" line.

This is to ensure that there is one responsible party at each agency for each scope of work, one who will facilitate communications between the agency and the City. This is also to minimize the confusion that often accompanies too many distinct contacts receiving and sending different messages in one program or agency.

4. **Program Description:** This is a summary of the primary activity(ies) for which funding is awarded. Include a description of the client population to be served. Also, give the total 2013 program budget for this program. By default, this information is imported from your entry provided in the application.
5. **Contract Goals:** Based on your application for 2013-2014 funds, complete the following:
  - a. **Unduplicated Clients Served:**
    - Project the percentage of clients who are low- or moderate income.
    - Project the total number of new/unduplicated clients to be served by the program in 2013.
    - Of this number, estimate the number of unduplicated Bellevue residents to be served.
    - Follow that with the number of unduplicated Bellevue residents supported only by Bellevue Human Services funding in 2013. A new/unduplicated client is counted only once during the year, with all clients enrolled in the program on January 1<sup>st</sup> able to be counted as new unduplicated clients for that year.
  - b. **Service Unit Descriptions and Deliverables**
    - Identify specific service units to be funded by this grant. The primary service provided should be listed first. In some cases, there may be only one service unit. Identify the type of service followed by the measurable unit of service

delivery (for example, Counseling Hours, Crisis Line Calls or Shelter Bednights).

- For each service unit, list the total number of units to be delivered in 2013 for the program, regardless of funding source.
  - Then give the total number of units provided to Bellevue residents regardless of funding source
  - Then provide the total number of units that can be supported by Bellevue Human Services grant funds awarded. Service units for all Bellevue residents will be reported to Bellevue on the monthly *Progress Report*, regardless of funding source.
  - Explain each service unit listed above, including how the unit is measured, who is to be served, in what way, for what length of time, and by whom (trained psychiatrist, trained volunteer, etc.).
- c. List the outcome(s) and corresponding indicator(s) your agency will track throughout the term of the contract. In general, these should match the outcomes proposed in the grant application and by default, this information is imported from your entry provided in the application. The text may have been revised in an effort to gather more useful information on outcomes and program effectiveness. Even so, to lower the reporting burden among multiple funders, please align the outcome measures with those your program reports to other funders such as King County or the United Way.

**6. Bellevue Funding Reimbursement Method:** You may request the City to pay your agency using either a Line Item or Service Unit Cost method. Complete either Part A (Line Item) or Part B (Service Unit Cost), but not both. Use the grant application budget as a base. Note any adjustments made to reflect current program budget information.

- a. Line Item Reimbursement Method: First, list all position titles being paid with this grant and the percentage of salary applied to the grant. Second, describe the costs within each of the other category lists in the budget summary. Please note that all reimbursement requests will need to correspond with the figures identified, and supporting documentation will be required.
- b. Service Unit Cost Reimbursement Method: If you are using this reimbursement method, describe in detail the formula used for calculating these costs. The number of units provided must equal the number indicated in the Service Units Goals section.

**7. Authorized signatures:** Do not put signatures on this form until AFTER the City of Bellevue approves the Scope of Work. This will be done either in person at the contract meeting, or in writing if by mail. Do specify by name, the Board Chair/President or authorized board member (for non-profit agencies), and those persons authorized to sign reimbursement requests (Executive Director, Finance Director, etc.)

## E. INCOME GUIDELINES

These guidelines are to be used to determine the percentage of clients served by the program that are low- and moderate-income (Section 5a of the Scope of Work).

<b>2013 HUD INCOME LIMITS*</b> Median Family Income: \$86,700 Effective 12/11/12	<b>Family Size</b>							
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
30% Median: Very Low Income	18,200	20,800	23,400	26,000	28,100	30,200	32,250	34,350
50% Median: Low Income	30,350	34,700	39,050	43,350	46,850	50,300	53,800	57,250
80% Median: Moderate Income	45,100	51,550	58,000	64,400	69,600	74,750	79,900	85,050

As part of the monitoring process, the City will review the methodology used to qualify your program and/or clients as low- and moderate-income. The federal government changes the income guidelines.

### \*NOTE

The terms “very low-income”, “low-income” and “moderate income” are used by the US Department of Housing and Urban Development (HUD) Community Development Block Program (CDBG) for the income limits at 30%, 50%, and 80% of the median, respectively.

In other contexts, HUD (which generates these income limits) also refers to these categories as “extremely low (30%) income”, “very low (50%) income”, and “low (80%) income”, respectively. However, the income limits are the same.

This revision is based on HUD’s income limits, effective December 11, 2012 and found at the following webpage:  
<http://www.huduser.org/portal/datasets/il/il13/index.html>.

## **F. SERVICE UNIT DEFINITIONS AND UNITS OF MEASURE**

The current list of service unit definitions can be found at this webpage:

<http://share1app.culturegrants.org/navigation/links/page/service-unit-definitions>

## **G. INSURANCE REQUIREMENT**

Your agency must provide a certificate of insurance with your contract for routing at the City. Your agency staff should liaison with your insurance provider. Your agency should provide the certificate (and accompanying endorsements) at the beginning of the contract period, and send updates to the City as they occur. The cost of such insurance shall be paid by the Contractor. Insurance shall meet or exceed the following unless otherwise approved by the City.

### **1. Minimum Insurance:**

- Commercial General Liability coverage with limits not less than \$1,000,000 per occurrence/\$2,000,000 annual aggregate.
- Business Automobile Liability Coverage with limits not less than \$1,000,000 per accident for any auto.
- Stop Gap/Employer's Liability coverage with limits not less than \$1,000,000 per accident/disease.
- Workers' Compensation coverage as required by the Industrial Insurance Laws of the State of Washington.

### **2. Additional Insurance:**

- Consultant's Errors & Omissions or Professional Liability with limits not less than \$1,000,000 per claim and as an annual aggregate.

### **3. Self-Insured Retentions:**

- Self-insured retentions must be declared to and approved by the City.

### **4. Other Provisions:**

- Commercial General Liability policies must be endorsed to:
  - Contractor or its Insurance Agent/Broker shall notify the City of any cancellation, or reduction in coverage or limits, of any insurance within seven (7) days of receipt of insurers' notification to that effect.
    - Include the City, its officials, employees and volunteers as additional insureds.
    - Provide that such insurance shall be primary as respects any insurance or self-insurance maintained by the City.

### **5. Acceptability of Insurers:**

- Insurance shall be placed with insurers with a rating acceptable to the City.

### **6. Verification of Coverage:**

- Contractor shall furnish the City with certificates of insurance required by this clause. The certificates are to be received and approved by the City before work commences. The City reserves the right to require complete, certified copies of all required insurance policies at any time.

### **7. Subcontractors:**

- Contractor shall require subcontractors to provide coverage which complies with the requirements stated herein.



## **PART II: REPORTING AND REIMBURSEMENT**

### **A. REPORTING REQUIREMENTS AND FORMS**

#### **1. REPORT SUBMISSION SCHEDULE**

Following is a list of the reports required by agencies/programs receiving funds from the City of Bellevue. **Instructions for submission of web-based reports on [share1app.culturegrants.org](http://share1app.culturegrants.org) will be provided separately**, likely in March 2013.




There are two types of reports: those that are submitted annually, and those that are submitted quarterly. Please see the tables below.

<b><i>ANNUAL REPORTS</i></b>	<b><i>Method of Submission</i></b>	<b><i>Submission Frequency Requirements</i></b>
<b>PROGRAM OUTCOMES:</b> Program effectiveness measures by outcome indicators	 Web-based on <a href="http://share1app.culturegrants.org">share1app.culturegrants.org</a>	Submitted <b>annually</b> , on January 15 for the preceding year. If submitting a United Way outcomes report, submit your most recent version. Ensure that your United Way outcomes statements match those you included in your contract scope of work.
<b>DEMOGRAPHIC REPORT:</b> Demographic data on unduplicated residents/clients served	 Web-based on <a href="http://share1app.culturegrants.org">share1app.culturegrants.org</a>	Submitted <b>annually</b> , on January 15 for the preceding year. Note also that beginning with 2013 information, detailed demographic data reporting will only be collected once a year, with the fourth quarter report (due in January 2014).



#### **New Demographic Reporting Elements for 2013-14**

- With your application submitted in Spring 2012, we asked for demographic data that differed slightly from previous versions of the demographic forms. Those demographic elements submitted with your application are the new demographic reporting elements starting with people you serve in 2013.
- If you did not save a copy of that blank demographic data spreadsheet, it is still available for download by clicking [here](#) or going to this link:
  - [http://share1app.culturegrants.org/agency\\_elements/84/HSFCDemographics.xls](http://share1app.culturegrants.org/agency_elements/84/HSFCDemographics.xls)
- You should be able to also download the demographic spreadsheet that you submitted with your application by logging into your program's account at [share1app.culturegrants.org](http://share1app.culturegrants.org).

<b>QUARTERLY REPORTS</b>	<b>Method of Submission</b>	<b>Submission Frequency Requirements</b>
<b>SERVICE UNIT / PROGRESS REPORT:</b> Program accomplishments, both residents assisted and service units delivered by month	 Web-based on <a href="http://share1app.culturegrants.org">share1app.culturegrants.org</a>	Submitted <b>each quarter</b> : April 15, July 15, October 15, and January 15
<b>SUCCESS AND CHALLENGES:</b> Supplemental narrative on successes and challenges.	 Web-based on <a href="http://share1app.culturegrants.org">share1app.culturegrants.org</a>	Submitted <b>each quarter</b> : April 15, July 15, October 15, and January 15
<b>REIMBURSEMENT REQUEST:</b> Costs incurred in the delivery of the program corresponding to eligible costs identified in your contract's scope of work.	 Submit the printed, paper Reimbursement Request form to the City with authorized original signatures.*	Submitted each quarter, but may be submitted on a monthly basis if desired by the agency.  Supporting documentation may be required. If applicable, submit the Personnel/Travel Form on paper with an original signature.

As noted in Section D6, the City of Bellevue allows contractors to request reimbursement by one of two methods: 1) line item budgets or 2) service unit costs. Use only one method. See the following pages for instructions regarding the reimbursement request forms.

The forms are available for download at this webpage:  
[http://www.bellevuewa.gov/human\\_services\\_fund\\_grants.htm](http://www.bellevuewa.gov/human_services_fund_grants.htm).

## 2. INSTRUCTIONS FOR COMPLETING THE REIMBURSEMENT REQUEST FOR LINE ITEM BUDGETS

**Agency Information:** Fill in the proper information about the agency. Your agency's single point of contact, as listed in the scope of work, should be included here. We will contact that person if there are any questions regarding the reimbursement request.

**Contract No. And Program:** Identify the specific contract by number and title. Agencies with more than one contract with the City must submit separate reimbursement requests for each contract.

**Check for Last Reimbursement:** When you make your final reimbursement request for the year, particularly if it is before year-end, check the box provided. With this information we can begin the grant close-out procedures.

### **Cost Categories:**

The column ***Original Budget*** must be an exact duplicate of the budget found in the Scope of Work. The numbers in this column should not change during the course of the year.

If during the course of the year an amendment to the contract changes the contract budget, these revised figures should be reflected in the ***Revised Budget*** column. The numbers in this column supersede the numbers in the ***Original Budget*** column. If more than one amendment affecting the budget has occurred, the latest amendment is to be reflected in this column.

***Total Requested*** is the amount requested from Bellevue for each line item. The amounts are then summed at the bottom of the column. This sum is the amount you are requesting from the City.

***Cumulative to Date*** shows the total requested for each line item to date, e.g., including the current request.

***Award Balance*** is the amount of each line item outstanding after the current reimbursement request is paid. The total of the ***Award Balance*** and ***Cumulative to Date*** columns should equal either the ***Original*** or ***Revised Budget*** column.

**Documentation:** All costs for which reimbursement is requested must be documented. If you are requesting reimbursement for personnel or travel (mileage) costs, you must fill out and attach the Personnel and Travel Reimbursement form. This form will constitute the documentation for those two categories of costs. **All other costs must be supported by photocopies of receipts, invoices, or checks.** If the City is to pay for part of a cost, indicate on the documentation the percent to be charged to the City. For instance, if the City is charged 20% of the monthly phone bill, indicate on the photocopied bill "20% Bellevue" and the amount.

**Authorized Signature:** This signature must be that of the persons identified on the bottom of the first page of the Scope of Work as having authority to sign reimbursement requests. No other signature will be accepted without prior written notification to the City.

**PLEASE DOUBLE CHECK ARITHMETIC AS ERRORS WILL DELAY PAYMENT. THE CITY'S PAYMENT TERM IS THIRTY DAYS, AND IT NORMALLY REQUIRES FOUR WEEKS TO PAY REIMBURSEMENT REQUESTS.THE FOUR WEEK PROCESSING TIME DOES NOT BEGIN UNTIL ALL DISCREPENCIES ARE RESOLVED.**





City of Bellevue  
Human Services Division  
Parks & Community Services

## REIMBURSEMENT REQUEST

### Line Item Budget

<b>To:</b> GRANT COORDINATOR CITY OF BELLEVUE Human Services Division Parks & Community Services P. O. Box 90012 BELLEVUE, WA 98009-9012	<b>FROM:</b> AGENCY _____ ADDRESS _____ CITY/STATE/ZIP _____ CONTACT _____ PHONE _____ FAX _____ E-MAIL _____
--	--

Contract No. _____	Program Title _____
THE COSTS AS PRESENTED IN THIS REQUEST WERE INCURRED BETWEEN THE TIME PERIOD OF (Dates) _____ to _____ <input type="checkbox"/> Check here if this is the final reimbursement request	

Please note that supporting documentation is needed when submitting request for reimbursement under lines 2 - 7.

	COST CATEGORIES	ORIGINAL BUDGET	REVISED BUDGET (if applicable)	TOTAL REQUESTED	CUMULATIVE TO DATE	AWARD BALANCE
1	Personnel					\$ -
2	Office or Operating Supplies (Attach Receipts)					\$ -
3	Consultant or purchased services (submit substantiating bills)					\$ -
4	Construction contracts and/or real property acquisition (submit substantiating bills)					\$ -
5	Communications					\$ -
6	Travel and training					\$ -
7	Other (Detail)					\$ -
						\$ -
GRAND TOTAL		\$ -	\$ -	↓	\$ -	\$ -

I CERTIFY THAT THE ABOVE COSTS IN THE AMOUNT OF \$ - HAVE BEEN INCURRED AND PAYMENT HAS BEEN MADE OR IS NOW DUE AND THAT NECESSARY RECEIPTS OR INVOICES ARE ATTACHED. A PROGRESS REPORT IS ATTACHED.

\_\_\_\_\_  
AUTHORIZED SIGNATURE (AS SET FORTH IN THE AGREEMENT)

\_\_\_\_\_  
DATE

### **3. INSTRUCTIONS FOR COMPLETING THE REIMBURSEMENT REQUEST FOR SERVICE UNIT COST BUDGETS**

**Agency Information:** Fill in the proper information about the agency. Be sure to provide the name and phone number of the person with whom the City should contract if there are any questions regarding the reimbursement request.

**Contract No. And Program:** Identify the specific contract by number and title. Agencies with more than one contract with the City must submit separate reimbursement requests for each contract.

#### **Reimbursement Calculations:**

Identify, from the Scope of Work, the service units that your agency and the City have agreed upon as the service units to be paid. List them in the ***Service Unit*** column. These should never change during the course of the year unless a contract amendment is agreed upon which changes them.

The ***Original Budget*** and ***Cost Per Unit*** columns should be identical to the corresponding numbers presented in the Scope of Work. These will only change if a contract amendment changing them is agreed upon by both the agency and the City. If during the course of the year an amendment to the contract changes the contract budget, these revised figures should be reflected in the ***Revised Budget*** column. The numbers in this column supersede the numbers in the ***Original Budget*** column. If more than one amendment affecting the budget has occurred, the latest amendment is to be reflected in this column.

Show the number of service units in the ***# Units*** column and multiply that by the ***Cost Per Unit***. This will provide the ***Total Requested*** amount for each type of service unit. The sum of these amounts represents the total amount requested for reimbursement and should be written in the space at the bottom of the column. This sum is the amount you are requesting from the City.

***Cumulative to Date*** shows the total requested for each line item to date, e.g., including the current request.

***Award Balance*** is the amount of each line item outstanding after the current reimbursement request is paid. The total of the ***Award Balance*** and ***Cumulative to Date*** columns should equal either the ***Original*** or ***Revised Budget*** column.

**Authorized Signature:** This signature must be that of the persons identified on the bottom of the first page of the Scope of Work as having authority to sign reimbursement requests. No other signature will be accepted without prior written notification to the City.

**PLEASE DOUBLE CHECK ARITHMETIC AS ERRORS WILL DELAY PAYMENT. THE CITY'S PAYMENT TERM IS THIRTY DAYS, AND IT NORMALLY REQUIRES FOUR WEEKS TO PAY REIMBURSEMENT REQUESTS. THE FOUR WEEK PROCESSING TIME DOES NOT BEGIN UNTIL ALL DISCREPANCIES ARE RESOLVED.**



# REIMBURSEMENT REQUEST

## Service Unit Cost Budget

City of Bellevue  
Human Services Division  
Parks & Community Services

TO: GRANT COORDINATOR	FROM: AGENCY ADDRESS CITY/STATE/ZIP CONTACT PHONE FAX E-MAIL
CITY OF BELLEVUE Human Services Division Parks & Community Services P. O. Box 90012 Bellevue, WA 98009-9012	

CONTRACT NO. \_\_\_\_\_ PROGRAM TITLE \_\_\_\_\_

THE COSTS AS PRESENTED IN THIS REQUEST WERE INCURRED BETWEEN THE TIME PERIOD OF: \_\_\_\_\_ TO \_\_\_\_\_

☐ Check here if this is the final reimbursement request

Service Unit	Original Budget	Revised Budget	# of Units	X	Cost Per Unit	=	Total Requested	Cumulative to Date	Award Balance
1.				X		=	\$ -		\$ -
2.				X		=	\$ -		\$ -
3.				X		=	\$ -		\$ -
4.				X		=	\$ -		\$ -
5.				X		=	\$ -		\$ -
Grand Total	\$ -	\$ -				=	\$ -	\$ -	\$ -

I CERTIFY THAT THE ABOVE COSTS IN THE AMOUNT OF  
HAVE BEEN INCURRED AND PAYMENT HAS BEEN MADE OR IS NOW DUE  
AND THAT NECESSARY RECEIPTS OR INVOICES ARE ATTACHED.  
A PROGRESS REPORT IS ALSO ATTACHED.

\_\_\_\_\_  
AUTHORIZED SIGNATURE (AS SET FORTH IN THE AGREEMENT)

\_\_\_\_\_  
DATE

**Instructions for submission of web-based reports on [share1app.culturegrants.org](http://share1app.culturegrants.org) will be provided separately, likely in March 2013.**

#### **4. NOTES FOR COMPLETING THE SERVICE UNITS / PROGRESS REPORT**

The purpose of this form is to demonstrate the level of program accomplishment achieved each month. The level of accomplishment will be compared with the contract goals as stated in your Scope of Work.

It is not expected that each month the percent of dollars expended will match the percent of work completed. However, as the project progresses these percentages should be synchronized. The Bellevue funds are awarded for an entire year. It is, therefore, anticipated that Bellevue funds will be utilized with other funds supporting the program throughout the entire year.

**QUARTERLY REQUESTS FOR REIMBURSEMENT WILL NOT BE PROCESSED WITHOUT A SERVICE UNITS / PROGRESS REPORT.**

## **5. DEMOGRAPHIC FORM INSTRUCTIONS**

While we are very committed to receiving complete information on the clients served, we understand that data may be missing for a variety of legitimate and unavoidable reasons including client unwillingness to answer, etc. Please enter the numbers for all the other answer categories in each group. Enter a figure under “Unknown” where applicable.

### **I. Unduplicated Individuals and Households**

Enter the number of new clients entering the program each quarter. Each client is reported only one time during the program year. Ongoing clients from the previous program year are carried over and reported only during the first quarter in the new program year.

Also enter the number of households of which these individuals are a part.

### **II. Household Income Level (per HUD Guidelines)**

This is based on the total gross yearly income for the household. Categories are based on HUD matrix which uses area median income level to determine income categories. This matrix is updated annually and is included in this manual (see Contents). Programs may need to collect and verify actual income to determine eligibility for certain programs, but will report to funders using the HUD matrix.

### **III. Homeless Individuals**

Generally, the term “homeless” refers to a lack of shelter or stable housing—with those in emergency shelters and transitional housing being considered homeless. However, if the agency is contracted to provide homeless services, consult the agency contract requirements to identify any specific definition. Contracted definitions supersede any other interpretation.

### **IV. Age**

Enter the number of clients in each age category. This should reflect their age at the moment of intake.

### **V. Gender**

Enter the number of clients in each category. Transgender is defined as an individual whose gender, gender display, or gender identity differs from the perceived norm. Such an individual may – or may not – have undergone or be currently undergoing gender-altering surgery or transgender counseling. Other may be used if an individual does not identify with the available categories.

### **VI. Persons with Disabilities**

Enter as “Yes” the number of clients with disabilities. This is self-reported by clients with the exception of programs where status is determined by a caseworker or other professional. A client with a disability has a physical, sensory or mental impairment that substantially limits one or more major life activities. “Major life activities” are functions such as caring for one’s self, performing manual tasks, walking, seeing, breathing, learning and working. Clients who are developmentally disabled, chronically ill, hearing or visually impaired, or homebound, and/or have diagnosed emotional disorders are included in this category. Children/youth in this category include those in special education classes and those receiving SSI.

### **VII. Race**

These categories are based on the U.S. Census Bureau’s categories. When individuals select more than one category, they should be entered in the “Multi-Racial” answer category. “Total

Non-White/Non-Caucasian” is calculated by adding up the first six categories (“American Indian or Alaska Native” through “Multi-Racial”). The form will automatically determine this number.

### **VIII. Refugee/Immigrant**

Enter as “Yes” the number of clients who have voluntarily migrated to this country from another country or who have left their native country for reasons of safety. This category is not intended to capture information regarding legal resident status or citizenship.

### **IX. Limited-English Proficiency**

Enter as “Yes” the number of clients with a reduced or restricted ability to communicate using the English language, or with virtually no ability to communicate using the English language.

### **X. US Military Service (Active, Past or Present)**

- In the first row of this section, enter the number of persons with US Military Service (Active, Past or Present) served during the quarter. This includes National Guard and Reserve members. Also considered as veterans are those who served in the Philippine Army during WW II.
- In the second row of this section, enter the number served who were the spouses of military personnel or veterans.
- In the third row of this section, enter the number served who were non-spouse dependents of military personnel or veterans.
- Use the fourth row to tally clients with no personnel, spousal or dependent relationship with military personnel or veterans.

## 6. OUTCOME FORM INSTRUCTIONS

Fill in the Contact Information and the Outcomes Information sections just as they appear in your contract Scope of Work. Use one page for each outcome being reported (agency information can be filled in once for the first outcome).

PLEASE NOTE: If you are reporting the SAME outcome measures to one of the funders listed below, you may submit a copy of their form(s) to Bellevue instead of this form:

- Two King County Community Services Division Six-Month Outcome Forms covering the 12 months ending June 30; or,
- United Way of King County Outcome Report for the same time period.

### I. Outcome Results

#### # Participants enrolled in program

Enter the number of clients that are eligible for this outcome. This is generally not the same as the number enrolled. Usually clients must receive a certain amount of service or remain in the program for a sufficient period of time before the program is likely to have a significant impact on them. Only clients who reach this threshold are considered “eligible” for outcome measurement.

#### # Participants measured for the outcome

Indicate the number of clients for whom you have completed the outcome data. This number helps funders determine the attrition rate and the success of data collection methodologies.

#### # Participants who achieved the outcome

Enter the number of clients that achieved the outcome as measured through the indicator.

#### Target Success Rate

Enter the target success rate as noted in your Scope of Work.

#### Actual Success Rate

The system will automatically divide the number of clients achieving the outcome by the number of measured clients.

### II. Narrative

What were the indicators you used to measure progress toward realizing this outcome? I.e., how will you know that a change has occurred? *For example, "55% of participants will show an increased score on the Global Assessment of Functioning"* (max. 700 characters and spaces).

Describe your data collection methods. E.g., *Clients undergo the Global Assessment of Functioning at intake and every six months thereafter while participating in the program. The assessment is administered by clinical professionals. ...* (max. 700 characters and spaces).

## B. CHANGING YOUR SCOPE

1. **Work Program Changes:** All work program changes must be approved by the City of Bellevue. Changes in the program accomplishment projections over the year are not generally considered program changes, but are performance issues. These changes should be discussed in the last section of the Program Accomplishments form, under "Program Narrative."

Program changes include changes in identified service units, change in target groups, change in program structure and design which affect the service units to be provided.

A letter must be sent to the City of Bellevue describing the program change, explaining why it needs to be made and how it will affect performance projections and/or the approved budget. If a program change entails a revision to the approved budget, then the instructions for budget revisions (outlined below) must be followed.

2. **Minor Budget Revisions:** Minor budget revisions are those changes to the budget which do not alter the intent of the program, and involve an increase of 10% or less in any budget category (provided a corresponding decrease occurs in one or more of the other categories.) This type of budget revision can be made by the person authorized to sign the Reimbursement Request Form and does not require City approval, but must be noted on the subsequent Reimbursement Request Form.
3. **Major Budget Revisions:** These are revisions which would change the program intent and/or involved a change of more than 10% to any budget category. These changes must be requested in writing and be given written approval by the City.
4. **Signature Authorization:** If you are changing authorized signers from those listed in the signed scope of work to new individuals, a current authorized signer along with the new signer must together complete the form on the following page. Scan and email (or upload to your reports section on [share1app.culturegrants.org](http://share1app.culturegrants.org)) the completed form for the City to process reimbursements with the new authorized signer. Be sure to mark the check box for adding this signature authorization.
5. **Designating a New Single Point of Contact:** If you are designating a new single point of contact, also use the form on the following page. Again, a current authorized signer along with the new signer must together complete the form on the following page. The former contact person's information will no longer be used, and that individual will no longer be the single point of contact. Scan and email (or upload to your reports section on [share1app.culturegrants.org](http://share1app.culturegrants.org)) the completed form for the City to process reimbursements with the new authorized signer. Be sure to mark the check box for recognizing the new single point of contact.



DATE: \_\_\_\_\_

Grant Coordinator  
City of Bellevue  
Parks & Community Services Department  
P.O. BOX 90012  
Bellevue, WA 98009-9012

RE: SCOPE OF WORK # \_\_\_\_\_

Dear Grant Coordinator:

Please recognize one or more of the following changes relative to the scope of work identified above (check where applicable):

- ☐ For billing purposes, please add the name of \_\_\_\_\_ to the list of authorized signatures. Her/his signature is below, and s/he will be submitting reports with billings according to the Contract Management Manual.

Signature to be added: \_\_\_\_\_

- ☐ Please recognize that our agency hereby designates a **new** single point of contact. (The former contact person's information should no longer be used, and that individual is no longer the single point of contact.) The new single point of contact is as follows:

Name	
Email	
Address, City, Zip	

Sincerely,

\_\_\_\_\_  
Signature of EXISTING SIGNER ON CURRENT CONTRACT OR SCOPE

\_\_\_\_\_  
Print Name of EXISTING SIGNER ON CURRENT CONTRACT OR SCOPE

## C. CONTRACT MONITORING

The grant application, contract and the required agency reports all assist the City in monitoring the progress and effectiveness of the program receiving grant funds. Another monitoring tool used regularly by the City is the on-site monitoring visit.

The purpose of the visits is to examine the various procedures of the agency that are in place to ensure that: 1) the agency is able to accurately report service units to the City of Bellevue; 2) the agency is able to verify who their clients are in terms of Bellevue residency and income levels; and 3) the reimbursement requests received by the City are for legitimate program-related expenses.

Each year, city staff schedule several on-site contract monitoring visits. Below are the questions found on the Contract Monitoring form. You will be contacted by City staff if your agency is scheduled to have a contract monitoring visit.

- Is the program on track to meet contract goals?
- Is there a current insurance certificate on file?
- Are there noticeable red flags or concerns?
- Give an overview of the funded program.
- Is there anything current or forthcoming that could affect the agency's performance related to the City's contract?
- Describe program staff and roles, as well as any changes in staffing.
- Describe program successes or best practices.
- Provide an overview of the data collection process, from the moment a client enters the agency through how data is collected and reported to the City.
  - How is demographic information collected and verified, particularly regarding income and city residency?
  - How is data collected and reported regarding performance measures? For example, unduplicated clients, number of visits to food or clothing bank, hours of services, number of crisis calls, bed nights.
  - How is data collected and reported regarding outcomes?
  - Are there additional quality assurance steps taken to ensure that the data is correct?
- Describe the agency policy/practice for storing files to preserve confidentiality.
- Were there any problems identified in the most recent agency audit? If so, how did the agency address the concerns?

- There are a number of different types of boards, such as working/programmatic; governing/policy; fundraising; technical/constituency; or power board. How would you classify your board and what is their primary role?

Are there any areas in which you would like to receive technical assistance?

- Documents for review:
  - Chart showing name, position, and role of major program staff
  - Most recent financial audit
  - Records of payment and supporting documents (e.g., timesheets, payroll report)
  - Sample client file (including forms used for intake)
  - Insurance certificate
  - Name and title of staff authorized to sign City forms
  - List of the board of directors, including city of residence and any vacant positions

Follow up items for City Staff:

Follow up items for Agency: